

**Alaska Department of Labor
and Workforce Development**
Employment Security Tax
P.O. Box 115509
Juneau, AK 99811-5509

EMPLOYEE APPLICATION FOR REFUND
For Calendar Year _____

Telephone: 907-465-2757
Toll Free: 1-888-448-3527
TDD/TTY 1-800-770-8973
Fax: 907-465-2374

Please read instructions before completing.

You are eligible for a refund of excess employee contributions to the Unemployment Insurance Trust Fund if:

- you were employed by two or more liable employers who contributed to the Alaska UI Trust Fund during a calendar year,
- you had withholdings from your wages that exceed the maximum annual employee tax,
- this application is filed by December 31 of the year following the year in which the deductions were made,
- you provide copies of your Statement of Deductions (W-2's) from each employer you worked for during the year, and
- your overpayment is \$5.00 or greater.

Name: _____ Social Security Number: _____
Mailing Address: _____ Daytime Telephone: _____
City: _____ State: _____ Zip: _____

Name of Your Employers (Please type or print clearly.)	Do Not Use Shaded Spaces	Gross Wages Received	Employee Contributions Deducted	Do Not Use Shaded Spaces
		\$	\$	

I certify that the above information is true and
correct to the best of my knowledge and belief.

TOTALS

\$

\$

**LESS
REFUND**

\$

\$

Applicant's Signature: _____

Date: _____